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ABSTRACT

To collect information about the operational structure of reading clinics in New Jersey's universities and colleges was the purpose of the research reported in this paper. Chapter one presents the purpose of the study, the statement of the problem, a definition of terms, limitations of the study, and the significance of the study. Chapter two deals with a review of the literature, which reveals three areas of interest: (1) the services to the community, (2) practicum coursework and clinical training programs for graduate students, and (3) the results of recent national surveys of reading clinics. Chapter three contains information about methods and procedures used in collecting data about college/university clinic facilities and their graduate reading programs. Chapter four presents the answers to 12 specific questions posed by the study, while chapter five contains the 12 major conclusions of the study and recommendations to be made to clinic directors and college administrators. Tables of findings accompany the text, and the cover letter and survey used in the study are appended. (EL)

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HOW DO NEW JERSEY UNIVERSITY/COLLEGE-BASED READING CLINICS OPERATE?

Patricia Vogel Preininger

Written in partial fulfillment
for the requirements of a
Master's Degree in Education

William Paterson College

June, 1985

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The author would like to thank Dr. Joan Feeley, Professor of Reading/Language Arts, William Paterson College, Wayne, New Jersey, for her help in completing this project. The author is grateful to Dr. Marion Turkish, the college's Reading Clinic Director and Professor of Diagnosis and Remediation, who suggested that this survey be undertaken.

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CHAPTER I

The Problem

A profile of college reading clinics was obtained by Gary W. Bates in 1982 when he conducted a detailed national survey. This was a current study in this field to collect much needed information about these facilities. Bates said:

> Educators in the reading field have a strong interest in a systematic analysis of clinics. We need studies of present university/college-based reading clinics to clarify what they offer and whom they serve (p. 524).

Since then, Dr. Judith Irvin from Florida State University has surveyed college reading clinics in the United States. Her 1983 national questionnaire collected information on diagnostic instruments used by clinicians for remedial readers in their surrounding communities, not students enrolled within a college. Her results are aimed at improving diagnostic methods and instruments.

There has been a paucity of information about university/college-based clinics in New Jersey. This study was a data-gathering effort to see if our clinics have features in common regarding practicum coursework and reading clinic practices and facilities. This survey has been modeled from Bates' national survey of 1982. Information gained

from this instrument can be used to improve services to our college communities, especially those in New Jersey.

Purpose

The purpose of this research was to collect information about the operational structure of reading clinics in New Jersey's universities and colleges. Survey data will readily describe existing conditions and enable these reading centers to observe key variables important to each other.

Statement of the Problem

The problem for this study may be stated as follows:

How do New Jersey university/college-based reading clinics operate?

Specifically:

1. What is the main purpose of these college clinics?
2. How many clients are served and how much time is offered?
3. When and where are the clinic sessions held?
4. Who are served, how are they referred, and what are their needs?
5. What instructional materials are used?
6. What services are offered?
7. What are the most preferred diagnostic testing instruments?
8. How is the clinic supported?

9. What are the roles of the parents?
10. What are the clinics' problems?
11. What are the clinics' plans for the future?
12. What texts are clinicians-in-train g using?

Definitions

Throughout this study, these terms will be defined as follows:

Reading Clinic: a facility staffed by reading specialists or instructors offering individual instruction as well as remedial, corrective, or developmental reading services. A reading clinic is often referred to as a reading laboratory, remedial reading clinic, or reading center.

Clinicians: trained personnel working in a reading clinic.

Clinicians-in-Training: graduate students who are receiving advanced training in reading diagnosis and remediation through practicum coursework and supervised application with remedial readers in a reading clinic facility.

Practicum: a unit of work done by an advanced university student that involves practical

application of previously studied theory and the collection of data for future theoretical interpretation.

Client: a person who receives remedial reading help from a reading clinic.

Interest Inventory: a checklist informally built for exploring such things as reading preferences, work and play interests, etc. A formal questionnaire designed to explore the strength and directions of interests of an individual.

Limitations

To conduct this survey and to compile its results, there were several conditions to consider.

1. There are many colleges and universities who offer remedial instruction to their own students. Open enrollment policy, low testing scores, basic skills reading classes, enrichment have created a need for these services. However, only those colleges and universities were considered for this research study whose reading clinics are training for graduate students in reading and those clinics whose services extend to remedial reading students in the surrounding communities.
2. There were only seven colleges and one university in New Jersey maintaining reading clinics suitable

for this survey. Therefore, the sample size was limited. One hundred per cent response was critical for the study to be meaningful.

3. There is no widely-accepted organizational model of a clinic to use as a standard of measurement. There is no way to determine if a clinic is meeting pre-established criteria. It will be necessary to study patterns and trends that may afford suggestions or solutions to practical problems.
4. Since the survey elicits opinions, there is a reliance on the respondent's subjective judgment. In addition, administrative pressures of an academic setting could influence respondent's objectivity.

Significance of the Study

Reflecting a national concern abo[illegible]e operation of a college reading clinic (Bates,1982; Ir[illegible]1983), this study developed from a need for reading clinics to examine what other clinics in the state are doing. The survey will attempt to provide information to clinic directors so that they can assess their own services in the light of what others are doing.

Specifically, the survey will present the current practices, methods, and materials used by the clinics and reveal their future plans. Generally, the survey will

attempt to build a figuration of New Jersey college related reading clinics.

CHAPTER II

Review of the Literature

The search for the related literature for this review has revealed three areas of interest: 1) the services to the community, 2) practicum coursework and clinical training programs for graduate students and 3) the results of recent national surveys of reading clinics.

The data from these research studies will provide direction in surveying New Jersey's university/college-based reading clinics and will be the concentration of this literature review.

Rosner and Cooper (1982) said the university reading clinic serves two main functions: the training of graduate students in education and the meeting of the needs of children with reading problems through evaluation and remediation.

Services to the Community

According to Bean (1981), clinical resources of colleges and universities offer outreach programs, providing resources to school districts. These clinics usually provide quality programs at little expense to the client. Teachers who may have students whom they wish to refer for services should know about such clinics.

Michael (1968) reports that the primary goal of reading clinics is to help disabled readers by diagnosing reading

disabilities and recommending remediation. Gardner (1984) claims that a clinical situation provides an ideal setting for training less proficient readers.

Cleland (1982) says that attitudinal barriers confronting teachers when working with poor readers are very real and can be reduced by adopting a clinic philosophy which focuses on the students' strengths, while attempting to remediate their weaknesses.

At the University of Maryland reading clinic, Ruth Garner maintains that a clinical situation provides an ideal setting for training less proficient readers to use conscious reading strategies used by good readers.

A college reading lab provides students with the opportunity to develop, on an individual basis, those reading and study skills, which are the key to effective learning (Stone, 1980). Students concerned with the areas of test-taking, study methods, and content reading can develop these skills in the college reading lab (Flippo, 1984). However, the majority of student referrals to university reading clinics are elementary students who have deficiencies in word recognition and analysis, oral and silent reading proficiency and most levels of comprehension.

Practicum Coursework and Clinical Training Programs for Graduate Students

Hanes (1981) ranked the training of graduate teachers as the most important function of the university/college-based reading clinics. Hanes said that clinics serve as an integral part of the academic reading program for graduate level students. He stated that supervised training in reading diagnosis and remediation is provided through practicum coursework, housed in the clinic facility, for students preparing to be reading specialists or resource teachers.

A study was performed with students of a reading diagnosis course at Michigan State University by their Institute for Research on Teaching in a graduate reading diagnosis course at the university (Sherman, Brown, 1979). It was determined that increasing a clinician's knowledge base has a startling impact on diagnostic performance. Teachers of reading diagnosis can feel encouraged that diagnostic performance can be manipulated and improved by instruction.

Hanes (1981) from Eastern Michigan University conducted a study of 954 classroom teachers, resource teachers and administrators in ten surrounding school districts. In the conclusion to his survey, he stated there was a critical need for increased diagnostic and

remedial services from the university reading clinic. The educators who responded to his survey strongly supported a revitalization of the university reading clinic.

Recent Surveys

Gary W. Bates conducted a survey of university-based reading clinics in the United States in 1982. Of the 341 questionnaires sent out, 242 were returned. He tabulated data that indicated that 87% of colleges in the United States provided clinical experiences within their graduate reading programs. He recognized a need for clinic directors to gain insight into what their associates were doing.

He reported that more clinics and studies about them were needed. Elementary students were the most preferred clients of clinics, secondary students followed. The majority of colleges reported having three or fewer full-time reading faculty. Most clinics are staffed by part-time directors and part-time diagnosticians, the latter being master's candidates. He reported that colleges over 20,000 were significantly more likely to employ a full-time receptionist or clerk and more likely to employ doctoral students as part-time diagnosticians.

The most frequently mentioned service of the clinic was individual tutoring, provided by 89% of the colleges. Some type of fee is charged to clients by 57% of the respondents. Bates reported no significant relationship

between having a director and charging fees.

The majority of colleges have some type of evaluation procedures to determine how well their services are meeting the needs of the program and clients. Students, faculty, clinic director and clients can be the evaluators, named in order of preference.

The most frequently used materials of reading clinics were instructional kits and general books; least common were microcomputer diskettes. The two most common pieces of diagnostic equipment in all college reading labs are the film-strip projector and the tele-binocular. Microcomputers are more common in medium to large colleges.

Department, college and client funding were each identified by over a third of the respondents. There were no significant differences in funding sources by size of college (Bates, 1984, pp. 624-28).

Two years later in 1984, Dr. Judith L. Irvin, director of the reading clinic at Florida State University, sent out a national survey to 360 schools to obtain information concerning diagnostic functions and services of university-based reading and writing clinics. She received 200 respondents. The survey also focused on which diagnostic instruments were being used. As her cover letter indicated, she hoped that it would be useful to reading/writing educators.

This researcher talked to her by long-distance telephone in April of this year, requesting the results of her survey. Dr. Irvin said that the coding of the data was an overwhelming task even though the information was being tabulated by computers and that the results were not quite ready. This researcher would assume the results would be available within the next few months. It would be advantageous to any reading clinic director or any professor of reading to obtain the results of her diagnostic materials survey.

The Clinical and Corrective Reading Committee of the International Reading Association is "assessing the interest of those persons who make important contributions to the training of reading clinicians." The reading committee hopes to use the results to guide their future work. The survey asks about job descriptions of clinic directors, a system to provide consistent diagnostic information and its interpretation, microcomputers and their use, requests an article of importance that has recently been read by the respondent, changes to diagnosis as a result of trends perceived as changes in the field, a clinical newsletter and the respondents' choice of input, expansion of the Committee's communication by obtaining names and addresses of private clinics, and receiving or contributing information to communicate with professionals in the field.

Summary

It is clear that university clinics' services are valued in communities where they are available to the public and that more such centers for reading diagnosis and remediation are wanted (Bates, 1984, p. 524).

Clinics serve as training sites for graduate students. There appears to be a growing interest among college reading labs to learn about each other's operations in an effort to improve services.

CHAPTER III

Methods and Procedures

It was necessary to locate a list of reading clinics to begin to collect data about college/university clinic facilities and their graduate reading programs. Gary Bates (1984) indicated that he used Graduate Programs and Faculty in Reading, (1981), to find institutions for his national survey. The list used for this study was searched for and compiled from that book and also from Peterson's Guide to Graduate Study (1983). They revealed nine colleges and universities. However, it was necessary to exclude a private university which returned a survey because its reading clinic provided services only to its own college students.

According to these sources, there are six state colleges, one state university, and one private college with reading clinics and graduate reading programs in New Jersey. All were surveyed and all responded. They are:

State Colleges (including location, description, area served, and range of student enrollment)	Name of Clinic
Glassboro State College (GSC) (Suburban-Rural) (10,000-15,000)	Clinical Services for Reading/Speech Correction
Jersey City State College (JCSC) (Urban) (1,000-5,000)	Reading/Learning Disabilities Clinic

State Colleges	Name of Clinic
Kean College (Urban-Suburban) (15,000-20,000)	Reading Clinic, Kean College
Montclair State College (MSC) (Suburban) (10,000-15,000)	The Reading and Study Skills Center
Trenton State College (TSC) (Urban-Suburban) (1,000-5,000)	Trenton State College Reading Clinic
William Paterson College (WPC) (Urban-Suburban) (10,000-15,000)	William Paterson College Reading Clinic
State University	
Rutgers University (RU) (Urban-Suburban) (more than 30,000)	Reading Center
Private College	
Rider College (Suburban) (5,000-10,000)	Reading/Language Arts Clinic

This sample represents a range of socio-economic levels and a cross-section of sizes and student populations.

Format and Validity of the Instrument

A four page questionnaire was designed to be sent to the directors of these clinics. To establish face validity and to improve readability, members of a graduate research class of 15 assisted with the wording and selection of the items.

A Likert scale was constructed to answer many questions. It was a three-point rating scale with the variations of "usually", "sometimes", and "never". This allowed the respondent to indicate degree of intensity. In other sections of the survey, the reader was to prioritize, or rank in order

of importance, with "1" being the most important.

Content validity was developed by the class who critiqued the questionnaire as it progressed. The survey was divided into three sections: 1. General Information, 2. About Your Clinic, and 3. About Your Graduate Reading Practicum.

Collection of Data

Questionnaires were sent out in March, 1985, with their returns requested a month later. Additional requests were made to those who hadn't responded by the regular date. These resulted in a 100% response to the survey instrument.

Data was tabulated and summarized, and tables were constructed to organize the information received. Twelve tables resulted, developed in response to the specific problem questions raised in Chapter I.

In conclusion it is hoped that the information received from this study will yield practical, relevant information that will help clinic directors in their quest for excellence.

CHAPTER IV

Results

This study surveyed the college reading clinic in the state of New Jersey. The following twelve tables will analyze the data obtained from the survey questionnaires returned by eight clinics.

Results will be reported as answers to specific questions raised in this study.

What is the main purpose of these college clinics?

According to Table I, 6 out of 8 (87%) of these New Jersey state colleges consider their major function the offering of clinical experience to graduate students.

Service to the community is the first choice of only two respondents. One was a private college and the other was a state college.

Bates (1982) concluded at the end of his national survey that reading education would benefit from additional applied and theoretical study of questions like, "What is the major purpose of a reading clinic - service to the community or training?" Table I answers this question for New Jersey.

How many clients are served and how much time is offered?

Table 2 shows a wide range, from 10 at TSC which is just beginning to 275 at Rider. The numbers of remedial students handled per year appear to be dependent upon

SURVEY OF NEW JERSEY UNIVERSITY/COLLEGE BASED READING CLINICS

Table 1

Main Purpose of Your College Clinic

(Ranked for Importance)

	First	Second	Third	Fourth
Clinical experience for graduate students in reading*	6	1	0	0
Service to community	2	4	2	0
Research	0	0	5	3

* No answer from one respondent

Table 2

Number of Clients and Sessions

College/University Reading Clinics	Number of Clients Per Year	Number of Sessions Per Client Per Semester	Average Length of Session (in hours)
Rutgers University	100	14	2
Montclair State College	30	14	2
William Paterson College	60	12	1-1½
Kean College of New Jersey	30	17	1-1½
Jersey City State College	45-50	16	1-1½
Glassboro State College	80	25	1
Trenton State College	10	14	1
Rider College	275	18	2+

the availability of graduate reading students. However, Rider College serves the large number that it reports by offering group instruction and supporting its graduate students and faculty with paid staff.

The number of sessions per semester average 15-17 weeks. They appear to follow the weeks of a college semester supporting the main purpose identified by most; providing clinical experiences for graduate students. At Jersey City State College clients return for additional assessment and follow-up.

The sessions range from 1 to 2 hours but average 1 to 1½ hours. Many clinics perform a three hour diagnosis; others use the entire first semester to diagnose and the second semester to remediate.

When and where are the clinic sessions held?

Table 3 indicates that all clinics favor holding their sessions regularly after school. Only one clinic holds sessions regularly on Saturdays during the school year and 5 out of 7 of the clinics hold daily summer sessions. At Jersey City State College diagnostic sessions take place on Wednesdays during the day, 9-5.

It appears that sessions are scheduled to coincide with graduate courses and availability of children after school. Saturday classes would seem to be a good time for children and perhaps could be considered as another

SURVEY OF NEW JERSEY UNIVERSITY/COLLEGE BASED READING CLINICS

Table 3

When and Where Clinic Sessions are Held

	Usually	Sometimes	Never
When:			
After school	8	0	0
Saturday	1	2	0
Summer session (daily)	5	2	2
Where:			
Clinic	8	0	0
Classrooms	2	2	0
Off-campus	0	0	0

option if service to community becomes a major priority.

Who are served, how are they referred, and what are the major needs?

Elementary and middle school children are the most usual age groups served, by 100% of the respondents as indicated on Table 4. Pre-schoolers are infrequent clients. Half of the clinics report teaching high school students. About a third report that they have adults as remedial students with the rest stating they sometimes remediate adults. Half enroll college students from colleges other than their own. Glassboro reports that their own college remedial students get services elsewhere on campus but not in their reading clinic. This pattern is consistent with Bates who showed that most clinic clients were elementary school students followed by secondary students.

Parents and public schools usually refer clients to reading centers. However, 6 out of 8 of the clinics responded that clients often refer themselves. They report that parochial schools, too, usually refer students. Referrals from Social Service agencies and physicians are less common.

Nationally, 91% of the college clinics are referred by themselves or their parents. Our state is consistent with other clinics in the United States concerning referral sources.

SURVEY OF NEW JERSEY UNIVERSITY/COLLEGE BASED READING CLINICS

Table 4

Clients and Their Needs

	Usually	Sometimes	Never
What age groups?			
Preschool	0	2	6
Elementary	8	0	0
Middle School/Jr. High	8	0	0
High School	4	4	0
College	2	2	4
Adults*	3	4	0
* No answer from one respondent			
Who refers them?			
Parents	7	1	0
Clients	6	2	0
Public Schools	7	1	0
Parochial Schools	5	2	1
Social Service Agencies	2	5	1
Physicians	2	3	3
What needs are cited?			
Decoding	6	2	0
Vocabulary	5	2	1
Comprehension	8	0	0
Rate	0	6	2
Study Skills	3	4	1
Test-taking Strategies	2	4	2
Written Composition	1	5	2
Perceptual Functions	4	4	0
General Achievement	5	2	1

Comprehension is cited in Table 4 as the greatest remedial need by 100% of the clinics. Six out of 8 of the respondents indicated that decoding was the second highest request for remediation. Five out of 8 rated vocabulary and general achievement as third on the list of student difficulties. Half said perceptual functions were "usually" cited. Study skills, test-taking strategies, and written composition are cited less frequently. William Paterson added enrichment as another need cited in their clinic. The director added that the comment, "Doesn't like to read", often appears on referral forms.

What instructional materials do you use for clients; number and use of microcomputers in your clinic?

According to Table 5, no one type of instructional tool was favored overwhelmingly by all clinics. High-interest, low-readability materials and trade books were cited as most usual by 6 out of 8. Basals and workbooks were used only "sometimes". All used magazines. Cassettes and microcomputer programs, and newspapers are most apt to be used "sometimes". This table shows that remedial students in a clinic setting are given materials different from those used in the regular classroom.

Computer assisted instruction has been found to provide an efficient and highly motivating means of teaching/learning. Computers are best for drill and

SURVEY OF NEW JERSEY UNIVERSITY/COLLEGE BASED READING CLINICS

Table 5

Instructional Materials Used

	Usually	Sometimes	Never
Basals	1	5	2
Workbooks	1	6	1
Tradebooks	6	2	0
High-interest low readability materials	6	2	0
Magazines	4	4	0
Newspapers	2	5	1
Cassettes	3	5	0
Microcomputer programs	3	4	1

Number and Use of Microcomputers

	Number in Clinic	Instruction	Student Information Databases	Material Information Databases
Rutgers	2	X	-	-
Montclair	5	X	X	-
William Paterson	0	-	-	-
Kean	2	X	X	-
Jersey City	0*	X	-	-
Glassboro	3	X	X	X
Trenton State	0	-	-	-
Rider	3	X	X	X

* Clients sent to Electronic Learning Lab

practice in clinical situations. Technology may improve students' reading skills, but it cannot inspire desire to read independently (Thompson, 1983).

Three years ago when Bates conducted his national survey, he found only 22% of clinics had a microcomputer terminal and only 15% of these were used for instruction.

Today, microcomputers are not used by any clinics for diagnosis. Of the clinics who have them, 6 out of 8 use them for instructional purposes. Montclair State College has the most computers (5). The average is 2-3 computers. Trenton State College and William Paterson College do not house any microcomputers in their clinic facilities yet. Jersey City State College does have microcomputers in their clinic but students are sent to the Electronic Learning Lab.

Half are using them now for student information databases. Casteel (1984) states that the microcomputer becomes a resource for present teachers and for new staff to come. Rider College uses software for writing programs. Montclair State College finds it important to get used to the software they now have.

Glassboro State College and Rider College are using databases for information about materials. Casteel tells us of the use of the microcomputer to establish student profiles. She tells us that the reading bank of materials can be listed under each objective for remediation and a

prescription can be made for each student. It appears at present, the microcomputer is used most effectively at Glassboro and Rider.

What services are offered for diagnosis, who are the teachers and support staff, and what modes of instruction are used?

Table 6 shows that usually the teachers in the reading clinics are graduate students. Faculty members also teach in half of the clinics. Three quarters of the clinics reported that they never use undergraduate students except in summer school. Volunteers are never used in any of the reading clinics. Other teachers listed include a Learning Consultant at Montclair State, paid tutors at TSC and specially trained teachers at Rider. Other support staff listed were: graduate assistants in four colleges, and full-time secretaries in two. Two clinics said that they have a part-time secretary. This indicates that half of the clinics do not have any clerical or graduate assistant support.

Individual tutoring and small group reading instruction were the most favored modes of instruction. Rider College has only small group instruction. Only Montclair State College reported that they offer study skill instruction regularly.

The most popular diagnostic service offered by all clinics is the case study. Screening in reading and vision

SURVEY OF NEW JERSEY UNIVERSITY/COLLEGE BASED READING CLINICS

Table 6

Services Offered

	Usually	Sometimes	Never
Who teaches in clinic?			
Graduate students	7	1	0
Undergraduate students	1	1	6
Volunteers	0	0	0
Faculty members	4	1	3
	Usually	**Sometimes**	**Never**
What modes of instruction are used?			
Individual tutoring in reading	5	2	1
Small group reading instruction	6	2	0
Study skill class	1	4	3
	Usually	**Sometimes**	**Never**
What diagnostic services are offered?			
Screening in reading	4	1	3
Diagnostic case study	8	0	0
Visual screening	5	2	1
Auditory screening	3	3	2

is offered by only half of the clinics. William Paterson College reports that they have Speech/Hearing and Learning Disability Clinics to which they can refer students.

What are the most preferred diagnostic testing materials?

The most frequently mentioned survey tests were Gates MacGinitie Reading Test and Nelson-Denny Reading Test. Stanford Diagnostic Reading Test, Gray Oral Reading Test, and the Durrell Analysis of Reading Difficulty were diagnostic instruments mentioned at least three times. Gates McKillop Reading Diagnostic Test and Woodcock Reading Mastery Tests received two mentions (Table 7).

In addition, Rutgers University uses a parent information sheet as a diagnostic tool. William Paterson College indicated use of the Gilmore Oral Test and student-made cloze tests; they are currently working on an interdisciplinary screening program that includes Reading, Speech and Learning Disability components. Jersey City State College uses the Bender Visual Motor Gestalt Test and the Huelsman Word Discrimination Test.

As for IQ tests, the Slosson, mentioned by all, appears to be the most popular instrument. While this Keystone Telebinocular was clearly the most common visual screening device, several auditory screening instruments were mentioned. Perception tests appear to have lost

SURVEY OF NEW JERSEY UNIVERSITY/COLLEGE BASED READING CLINICS

Table 7

Most Preferred Diagnostic Testing Instruments

Instrument	Frequency of Mention
Reading Tests*	
Gates MacGinitie Reading Test	3
Nelson-Denny Reading Test	3
Stanford Diagnostic Reading Test	3
Gray Oral Reading Test	3
Durrell Analysis of Reading Difficulty	3
Gates McKillop Reading Diagnostic Test	2
Woodcock Reading Mastery Tests	2
I Q Tests	
Slosson Intelligence Test	8
Peabody Picture Vocabulary	2
Raven Progressive Matrices	2
Visual Screening Tests	
Keystone Telebinocular - Keystone Vision Screening Test	6
Auditory Screening Tests	
Maico	2
Belltone	2
Puretone	1
Wepman Auditory Discrimination Test	1
Referred to Speech & Hearing Centers	3
Perception Tests	
Frostig Developmental Test of Visual Perception	2
Slingerland Screening Tests	1
Interest Inventories	
Student-Made	5
Informal Reading Inventories	
Student-Made	2
Ekwall Reading Inventory	2
Woods and Moe - Analytical Reading Inventory	1
Johns - Informal Reading Inventory	1
Brigance Inventories	1
Temple - Informal Reading Inventory	1

* Only the reading tests that were mentioned more than once were included.

popularity; only two were mentioned.

As for informal reading inventories (IRI's), six colleges mentioned using published instruments and only two colleges report using student-made IRI's. It appears that as more and more commercially prepared IRI's are becoming available, less attention is being given to having graduate students create their own. It would be advantageous to clinic directors who have their graduate students work a semester creating their own IRI's, to use the time to better purposes. Techniques of cloze procedure and the Fernald method could be developed or private tutoring could be initiated.

To collect other background information, Rider uses ethnographic recordings, interviews, and self-concept inventories. Five clinics use student-made interest inventories. Other inventories mentioned once by other clinics included those of Strang, Boning, Harris and San Diego.

How is the clinic supported?

Three of the clinics offer screenings for nominal charges. Fees range from $15.00 to $250.00 for a case study (diagnosis) and remediation. Rutgers University and Trenton State College charge a combined fee for both services. The other six clinics charge separate fees for each. Jersey City State College reported that scholarships

SURVEY OF NEW JERSEY UNIVERSITY/COLLEGE BASED READING CLINICS

Table 8

Financial Support

What Fees are Charged?

	Screening	Case Study	Remediation
Rutgers University	$75	-- $250 --	
Montclair State College	-	$40	$80
William Paterson College	-	$15/will be $50	$15/will be $50
Kean College of New Jersey	$15	$60	$85
Jersey City State College	-	$45	$45
Glassboro State College	-	$85	$65/will be $85
Trenton State College	-	-- $200 --	
Rider College	$40	$200	$250

How is Clinic Director Compensated?

	Time as Academic Load	Salary	Other
Rutgers University	X	-	-
Montclair State College	X	-	-
William Paterson College	-	-	X*
Kean College of New Jersey	X	-	-
Jersey City State College	X	-	-
Glassboro State College	X	-	-
Trenton State College	X	-	-
Rider College	X	-	-

* Clinic hours considered part of course-work

are given if there is a financial problem.

Hanes (1981) stressed that internal limitations, inherent in the traditiion of staffing and operation, restrict the university reading clinic and its outreach potential.

Costs appear to be influenced by the socio-economic area surrounding the clinic. WPC draws students from nearby Paterson while JCSC serves an urban center; both of these clinics have very moderate fees accordingly. Rider, the most expensive clinic, serves a high SES area.

None of the clinic directors receives a salary; Rider College reports paying a salary for director of the summer school program. Seven out of eight of the directors receive compensation by time on academic load. At the William Paterson clinic the director's hours are considered part of course work. The director reports there is no extra compensation for servicing and managing the clinic.

Bates (1982) reported in his national survey of reading clinics that the average fee for a diagnostic study was between $50 and $75, but the range was $25 to $200. Only 57% of U.S. colleges charged any fee at all. There were no data on the average cost of a remediation semester. The New Jersey fees appear to be consistent with national trends.

What are the roles of the parents?

According to Table 9, all parents receive final reports. There is counseling offered for parents of remedial students by 7 out of 8 clinics responding. No clinic receives evaluations from parents regarding the services offered. This is consistent with Bates' (1982) findings that parents are not asked to evaluate the clinics for the services to their children. Nationally, the majority of colleges have some type of evaluation procedures. In descending order of importance, evaluation is performed by college students, faculty, clinic director and clients. In some cases the reading departments and the colleges themselves monitor the program.

A trend appears to be developing toward counseling parents of the remedial student. At Jersey City State College Clinic the director runs a course specifically designed for the parents of the students. This semester at Glassboro State College there was a parent discussion group. For next fall semester at William Paterson College the parents of the students will be initiated into a newly created counseling program.

What are the clinics' problems?

In Table 10 the respondents indicated that lack of staff was the most frequent problem. Lack of funding and administrative support received equal rating as the

SURVEY OF NEW JERSEY UNIVERSITY/COLLEGE BASED READING CLINICS

Table 9

Parents' Roles

	Yes	No
Do they receive counseling?	7	1
Do they receive final report?	8	0
Do they evaluate your clinic?	0	8

Table 10

Clinic's Problems

	Frequency of Mention
Lack of funding	2
Lack of administrative support	2
Lack of remedial students	0
No alternate plan to accommodate children's absences	0
Lack of follow-up program	1
Lack of staff	3

next most cited problems. Lack of follow-up program was a problem to only one clinic. None of the clinics appeared concerned about an alternate plan for children's absences. There was no problem obtaining remedial students.

Montclair State College indicated that students should meet more than once a week but such a schedule could not be accommodated. Kean College reported that even though their graduate enrollment has decreased, there are still plenty of remedial students. Glassboro does not have enough tutors to accommodate the students who need services. Demand is greater than the supply of teachers. Trenton State College specifically stated that there is a lack of dedicated graduate students in the reading field. Their other concern is lack of space for their clinic.

Since most cite lack of staff and staff are usually graduate students, the decrease of graduate students in reading is having an impact on clinic operations. Perhaps paid staff members should be added so that clinics can continue to serve community needs adequately.

What are your clinic's plans for the future?

According to Table 11, adding computer equipment was the top priority for many of the clinics. Serving more clients and expanding services were second in frequency of mention. Clinics were not as concerned with upgrading their program or expanding their space as with other plans.

SURVEY OF NEW JERSEY UNIVERSITY/COLLEGE BASED READING CLINICS

Table 11

Future Plans

	Frequency of Mention
No plans/maintain status quo	2
Upgrade program to fit needs	2
Expand space	2
Add computer equipment	4
Serve more clients	3
Expand services offered	3
Add other equipment	1

Table 12

*Texts Used By Clinicians In-Training

	Frequency of Mention
How to Increase Reading Ability - Harris & Sipay	4
Reading Difficulties - Bond & Tinker	2
Diagnosis and Remediation of the Disabled Reader - Ekwall & Shanker	2
Informal Reading Inventories - Kress and Johnson	1
Ekwall Reading Inventory - Eldon Ekwall	1
Teaching Reading Vocabulary - Johnson/Pearson	1
Diagnostic and Remedial Reading for Classroom and Clinic - Wilson	1
Locating and Correcting Reading Difficulties - Ekwall	1
Reading Problems - Rickek	1

* Texts were included when respondents specifically named both book and author

Rider College indicated that the entire program was working well. Jersey City State College is interested in increasing the use of computers for instruction and for report writing. Glassboro wants to add a research component because the new college administration values it.

What texts are clinicians-in-training using?

It is obvious by Table 12 that Harris and Sipay - How to Increase Reading Ability is the most popular textbook in graduate reading programs. Two other textbooks receive equal frequency of mention: Reading Difficulties by Bond and Tinker, and Ekwall and Shanker's Diagnosis and Remediation of the Disabled Reader. The remaining textbooks were mentioned as being used in diagnostic and remediation courses.

In conclusion, state-wide there appears to be active interest in the use of microcomputers in clinic settings for reading and writing instruction, student and material databases, and lightening the report writing required by directors. Support services are sparse and appear to hinder the efficiency of the clinics. Clinic directors are not receiving salaries for their services. The financial condition of a clinic appears to be related to the socio-economic area in which the clinic functions, but some clinics need more financial support. Parent counseling seems to be a new trend with many clinics, with directors offering their expertise as teachers to the parents.

CHAPTER V

Summary, Major Conclusions, Recommendations

To find out how New Jersey college reading clinics operate, a questionnaire was sent to nine clinic directors. All responded, but one form was excluded from the analysis because it reported that only college clients were served and no reading specialist program was being offered at present. The other eight (MSC, TSC, WPC, RU, GSC, JCSC, Kean, and Rider) college clinics mainly serve clients from their local communities and have graduate programs in reading in place. Their responses form the database for this study.

The information was summarized and tables were developed to answer the twelve questions raised in this study. The major conclusions are as follows:

Major Conclusions

1. Clinics are used mainly to supply clinical experience to graduate students; service to community is a secondary consideration.

2. There is a wide range of numbers of clients served, usually after school, during the regular college semester, or during the college summer session.

3. Most clinics serve mainly elementary and middle school clients that are referred by parents and schools.

Frequently the high school students and adults refer themselves.

4. While comprehension and word identification (decoding, vocabulary) are needs most cited by those referring clients, clinic directors report that help in comprehension is the real need most clients demonstrated.

5. Clinics try to give students materials different from those in schools, especially trade books and high-interest/low readability materials.

Microcomputers are slowly coming into the picture, used mainly for instruction and student profile databases.

6. Consistent with their prime purpose, most clinics are manned by graduate students who develop the classic diagnostic case study with clients, diagnosing and teaching in one-to-one or small group settings.

7. Clinics use a wide variety of reading survey and diagnostic tests, screening devices and informal reading inventories relying more on published instruments than on those made by students.

8. Fees for reading clinic services appear to reflect socio-economic status (SES) levels of clients served. Those serving urban, low SES areas average about $50 for a semester's treatment, whereas clinics in more affluent areas charge $200 or more. Most clinic directors receive time on academic load to run the clinic.

9. There is a trend toward involving parents in the clinics' programs as many add parent counseling to their practices.

10. The main problems are lack of staff (possibly related to the decrease of graduate students in reading) and lack of administrative and financial support.

11. As for the future, clinics are thinking of expanding services and adding microcomputers to their programs.

12. The most frequently used text in diagnosis and remediation courses is How to Increase Reading Ability by Harris and Sipay.

Recommendations

After investigating the data received from the research survey, it is evident that there are recommendations to be made to clinic directors and to college administrators.

To Clinic Directors:

1. Important research in the field of reading clinics is being conducted presently. Clinic directors should obtain these results when available from The Clinical and Corrective Reading Committee of the International Reading Association and from Dr. Judith Irvin of the University of Florida to help them keep abreast of national trends.

2. There is a trend for clinic directors to provide parent workshops. These should be taught by the directors to utilize their talents and to create better communication with the community.
3. Fees charged by some clinics should be re-evaluated. Some do not appear to be charging enough to maintain the expenses of their clinic, to purchase new equipment, to expand facilities, or afford secretarial services.
4. Undergraduate students could tutor in clinic under director's guidance during summer school and should be paid for their services.
5. More microcomputers are needed by many clinics. Some centers provide in-servicing of staff. It is important for graduate students and staff to be involved with the intelligent evaluation of reading software before it is bought.
6. It is important to develop a communications network through meetings or a newsletter among state reading clinics. They may also try to network through the Clinical and Corrective Reading Committee of the International Reading Association so that they can receive reports of their studies.
7. Some type of evaluation procedure should be employed to monitor the effectiveness of the

program. Graduate students who work as clinicians-in-training, the parents, clients, and reading faculty could evaluate the program. The results should be shared with the administrators involved by the clinic director.

To Administrators:

1. There appears to be a lack of importance placed on the clinic in the institutional framework by college administrators. Additional budgetary support is needed if clinics are to serve the community effectively. Budget is needed to pay for teachers to augment graduate students and faculty. Perhaps grant money could be located to support clinic services. Some foundations are committed to promoting remedial services.
2. Clinic directors should be given more time and compensation to coordinate clinic services.
3. Administrators should be concerned with the problems of a clinic by reading and responding to evaluations initiated by the clinic directors. This will keep the lines of communication open and promote a support system.

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Appendix A

Cover Letter for Survey

March 8, 1985

Dr. Edward Fry
Reading Clinic
Graduate School of Education
Rutgers University
New Brunswick, NJ 08903

Dear Dr. Fry:

For my graduate project under the direction of Dr. Joan Feeley, I am surveying university/college-based reading clinics in New Jersey to collect information to help improve the training of graduate students and the services to learners who come to the clinics.

Please help by completing this questionnaire and returning it by April 1, 1985. Since you are only one of nine participants in this study, I would appreciate your prompt response. If you cannot complete this survey, please pass it along to someone who can. Although it appears to be lengthy, it is mainly a check-off survey and should not take too long to complete. Enclosed is a self-addressed, stamped envelope for your convenience.

If you would like an abstract of the findings, check the box at the bottom of this letter and return it with your completed survey. Thank you for co-operating.

Return to: William H. Mason School
5 Shawnee Trail
Montville, New Jersey 07045

Sincerely,

Patricia Preininger
Graduate Student

( ) I would like to receive an abstract of the findings of this survey.

Appendix B

Survey of New Jersey University/College-Based Reading Clinics

I. GENERAL INFORMATION

University/College: _____

School/Department: _____

Person Responding: _____

Position/Title: _____

Name of Clinic: _____

Mailing Address: _____ Zip: _____

Telephone Number: 1-( )-_____

University: [ ] State College: [ ] Private Institution: [ ]

PLEASE CHECK APPROPRIATE BOXES:

Enrollment for University/College is:

Below 500	[ ]	15,000 - 20,000	[ ]
500 - 1,000	[ ]	20,000 - 25,000	[ ]
1,000 - 5,000	[ ]	25,000 - 30,000	[ ]
10,000 - 15,000	[ ]	More than 30,000	[ ]

II. ABOUT YOUR CLINIC

1. The major focus of your clinic? (Rank in order of importance: 1 = most important)
   Clinical experience for graduate students in reading: _____
   Service to community learners: _____
   Research facility _____
   Other (specify) _____
   Comments: _____
2. Approximately how many clients are diagnosed by your clinic each year? ____
3. What is the average number of sessions held per client per semester?
   Diagnosis _____ Remediation _____
4. How long is each session?

1 hour	[ ]	1 1/2 - 2 hours	[ ]
1 - 1 1/2 hours	[ ]	More than 2 hours	[ ]

5. PLEASE CHECK APPROPRIATE BOXES:

When are sessions held?	USUALLY	SOMETIMES	NEVER
After school	[ ]	[ ]	[ ]
Saturdays	[ ]	[ ]	[ ]
Summer session	[ ]	[ ]	[ ]

   Comments: _____

6. Where are sessions held?

Clinic rooms at college	[ ]	[ ]	[ ]
College classrooms	[ ]	[ ]	[ ]
Off-campus in other schools	[ ]	[ ]	[ ]

   Comments: _____

7. What are the age groups served?

Preschool	[ ]	[ ]	[ ]
Elementary	[ ]	[ ]	[ ]
Middle School/Jr. High	[ ]	[ ]	[ ]
High School	[ ]	[ ]	[ ]
College	[ ]	[ ]	[ ]
Adults	[ ]	[ ]	[ ]

   Comments: _____

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II. ABOUT YOUR CLINIC (cont'd)

	USUALLY	SOMETIMES	NEVER
8. Who refers clients to your clinic?			
Parents	[ ]	[ ]	[ ]
Clients	[ ]	[ ]	[ ]
Public Schools	[ ]	[ ]	[ ]
Parochial Schools	[ ]	[ ]	[ ]
Social Service Agencies	[ ]	[ ]	[ ]
Physicians	[ ]	[ ]	[ ]

Comments:_____

_____

9. What needs are usually cited in referrals?			
Decoding	[ ]	[ ]	[ ]
Vocabulary	[ ]	[ ]	[ ]
Comprehension	[ ]	[ ]	[ ]
Rate	[ ]	[ ]	[ ]
Study Skills	[ ]	[ ]	[ ]
Test-taking Strategies	[ ]	[ ]	[ ]
Written Composition	[ ]	[ ]	[ ]
Perceptual Functions	[ ]	[ ]	[ ]
General Achievement	[ ]	[ ]	[ ]
Other (specify)_____	[ ]	[ ]	[ ]

Comments:_____

_____

Please list the most important areas you usually find children need help in?

_____

_____

_____

10. Who teaches in your clinic?			
Graduate students	[ ]	[ ]	[ ]
Undergraduate students	[ ]	[ ]	[ ]
Volunteers	[ ]	[ ]	[ ]
Faculty members	[ ]	[ ]	[ ]
Others (specify)_____	[ ]	[ ]	[ ]

What support staff do you have?

_____

_____

11. What modes of instruction do you offer?			
Individual tutoring in reading	[ ]	[ ]	[ ]
Small group reading instruction	[ ]	[ ]	[ ]
Study skill classes	[ ]	[ ]	[ ]
Other (specify)_____	[ ]	[ ]	[ ]

Comments:_____

_____

12. What diagnostic services do you offer?			
Screening in reading	[ ]	[ ]	[ ]
Diagnostic case study	[ ]	[ ]	[ ]
Visual screening	[ ]	[ ]	[ ]
Auditory screening	[ ]	[ ]	[ ]
Other (specify)_____	[ ]	[ ]	[ ]

Comments:_____

_____

II. ABOUT YOUR CLINIC (cont'd)

	USUALLY	SOMETIMES	NEVER
13. What instructional materials do you use?			
Basals	[ ]	[ ]	[ ]
Workbooks	[ ]	[ ]	[ ]
Tradebooks	[ ]	[ ]	[ ]
High-interest low readability materials	[ ]	[ ]	[ ]
Magazines	[ ]	[ ]	[ ]
Newspapers	[ ]	[ ]	[ ]
Cassettes	[ ]	[ ]	[ ]
Microcomputer programs	[ ]	[ ]	[ ]
Other (specify)_____	[ ]	[ ]	[ ]

Comments: (Cite any worth-while materials you especially like)

_____

_____

14. List titles of 2 or 3 diagnostic instruments most preferred in the following areas. (Asterik (*) most frequently used)

Reading Survey Tests:_____

_____

Reading Diagnostic Tests:_____

_____

I. Q. Tests:_____

_____

Informal Reading Inventories (Student-made and/or Commercial):_____

_____

Visual Screening:_____

_____

Auditory Screening_____

_____

Perception Tests:_____

_____

Interest Inventories:_____

_____

Other:_____

_____

15. What fees do you charge?

Screening:_____

Case Study:_____

Remediation:_____

Explain:_____

_____

16. How is your clinic director compensated?

[ ] Time on academic load [ ] Salary

[ ] Other Explain:_____

II. ABOUT YOUR CLINIC (cont'd)

17. Do you have microcomputers in your clinic? Yes [ ] No [ ]
    If yes, how many? _____
    How are they used?
    Instruction [ ] Diagnosis [ ]
    Student information databases [ ] Material information databases [ ]
    Other (specify) _____
    List any software you would especially recommend: _____
    _____

18. Do parents receive counseling while students attend clinic? Yes [ ] No [ ]
    Explain: _____
    _____
    Do parents receive a final report? Yes [ ] No [ ]
    Do parents formally evaluate clinic services? Yes [ ] No [ ]
    Explain: _____
    _____

19. What are the problems in your clinic?
    Lack of funding [ ] Lack of remedial students [ ]
    Lack of administrative support [ ] Lack of follow-up program [ ]
    No alternate plan to accomodate children's absences [ ] Lack of staff [ ]
    Comment: _____
    _____

20. What are your plans for the future?
    No plans/maintain status quo [ ]
    Upgrade program to fit needs [ ]
    Expand space [ ]
    Add computer equipment [ ]
    Serve more clients [ ]
    Expand services offered [ ]
    Add other equipment [ ] (specify) _____
    Other (specify) _____

III. ABOUT YOUR GRADUATE READING PRACTICUMS

1. Is the diagnosis course separate from the remediation course? Yes [ ] No [ ]
2. What texts are used for these courses? Please give text and author.
   Diagnosis _____
   _____
   Remediation _____
   _____
3. Does the same graduate student continue with client from diagnosis to remediation? Yes [ ] No [ ]
4. What courses are graduate students required to take <u>before</u> diagnosis/remediation?
   _____
   _____
5. What courses are graduate students required to take <u>after</u> diagnosis/remediation?
   _____
   _____